

THE UNIVERSITY OF TEXAS BULLETIN

No. 3617: May 1, 1936

University of Texas
Publications

MENTAL HYGIENE AND THE TEXAS SOCIETY FOR MENTAL HYGIENE, 1935

A Yearbook

Published through the Coöperation
of
The Division of Extension of The University of Texas
and
The Texas Society for Mental Hygiene

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The Texas Society for Mental Hygiene

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PUBLISHED BY THE UNIVERSITY FOUR TIMES A MONTH AND ENTERED AS
SECOND-CLASS MATTER AT THE POSTOFFICE AT AUSTIN, TEXAS,
UNDER THE ACT OF AUGUST 24, 1912

The benefits of education and of useful knowledge, generally diffused through a community, are essential to the preservation of a free government.

Sam Houston

Cultivated mind is the guardian genius of Democracy, and while guided and controlled by virtue, the noblest attribute of man. It is the only dictator that freemen acknowledge and the only security which freemen desire.

Mirabeau B. Lamar

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HYGIENE, 1935

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PREFACE

This publication is a coöperative project of the Division of Extension of The University of Texas and the Texas Society for Mental Hygiene.

Material for the bulletin has been collected from various sources. Much of it has come from the annual meetings of the Society. I wish to express my deep appreciation to all who have made contributions to this bulletin and who have responded in various ways to calls for assistance. One word of regret must be recorded also—that limitations of space have made it necessary to abridge some of the contributions and indeed to omit some of the material submitted.

H. T. MANUEL, *Editor*.

From the beginning of its existence, the Extension Division of The University of Texas, has published bulletins of general interest to the citizens of the state. This Yearbook of the Texas Society for Mental Hygiene contains material of general interest not alone to those concerned with social betterment but to educators and health workers as well. By means of an effective mental hygiene program in the state, many costly cases of hospitalization of the mentally ill could be avoided and much money saved the taxpayers not to mention the suffering and sorrow that would be eliminated. The problems of mental hygiene are in evidence at all ages from the nursery in the home to old age. They are of particular concern, though not always appropriately recognized, to the school administrator and to the teacher in the classroom. The fact that the subject as a field for study is comparatively new renders it necessary for some group to take the leadership, both in getting at the facts and in disseminating them, with suggestions of remedial measures, to those who would deal with the problems that come into view.

It is believed that this bulletin contains material of vital interest to educators, doctors, nurses, health workers, social workers and parents.

T. H. SHELBY,
Dean of Extension.

ORGANIZED MENTAL HYGIENE WORK

CLARENCE M. HINCKS, M.D.

General Director, The National Committee for Mental Hygiene

In auditing the effects of the mental hygiene movement on mental health in the United States, we are confronted with a paradox. After twenty-five years of increasing activity in this field of public health we find, not a reduction but an increase of 100 per cent in mental cases as measured by the number of persons in mental hospitals. As a matter of fact, this increase is due, for the most part, to the operation of forces set in motion through organized mental hygiene work, with results that were, to a large extent, anticipated by those who inaugurated this work.

When The National Committee for Mental Hygiene was organized in 1909, its chief concern was to humanize the care of the insane—to eradicate the abuses, brutalities and neglect from which this class has traditionally suffered; to remove them from jails, almshouses and other unsuitable places of confinement; to focus public attention on the need for reform; to hospitalize asylums, and to raise the standards of care in general. There followed, in the course of the years, an enormous expansion of institutional facilities and a general improvement of conditions in these institutions. In the process the National Committee strove to remove the stigma associated with diseases of the mind from time immemorial, to spread newer and more hopeful conceptions of the nature of mental diseases and their curability, and to break down the isolation of state hospitals from the general stream of community life. Thanks to the stimulus of educational work in mental hygiene, many thousands of hitherto neglected cases were brought to light, more and more of which were brought under treatment as hospitalization improved and public confidence in mental institutions increased. The tremendous rise in hospital admissions, therefore, is due mainly to these factors, rather than to the actual increase in the frequency of mental disorders presumed to have resulted from the increasing complexity of modern life and, more recently, from the stresses and strains induced by bad economic conditions.

We must appreciate also the unique position of mental disease in relation to other public health problems. Largely disregarded by the medical profession, mental disorders were considered a thing apart and their study and treatment were for generations separated from the main stream of medicine. Psychiatry did not share substantially, until quite recently, in the phenomenal advance of the medical sciences in the past hundred years. It is therefore a tremendous gain to have won for this phase of the ills of mankind the recognition that it has today as a leading public health problem and a major concern of medicine.

Although the mental hygiene movement began essentially as a humanitarian effort, initiated by a layman, to improve the sad lot of the insane, this effort took shape, from the beginning, as a scientific weapon wielded by psychiatrists who sought to reintegrate physical and mental medicine. The approach to the problem of better care was thus, fundamentally, a medical one. Although the idea of mental hygiene as a preventive movement was present in the minds of Mr. Clifford W. Beers and his associates from the beginning, it was necessary, first, to secure better care for the neglected insane, because an adequate system of hospital care for those actually sick was seen to be the foundation of a sound program of mental hygiene. This, then, was the first major achievement, namely, the hospitalization of custodial institutions and their conversion into active treatment centers. While our mental hospitals are not by any means up to the desired standards, they are nevertheless doing increasingly effective curative work, the results in the better ones comparing quite favorably with those for other forms of illness. With improved methods of treatment, thousands of patients are returning to their homes each year, the present annual average for the country being about 40 per cent recovered or improved.

A similar effort was made to improve and extend the facilities for the care and training of the feeble-minded, resulting in the adoption, in whole or in part, of state programs calling for identification of the mentally defective, central registration, special education in state institutions and through special classes in the public schools, social supervision after training, and permanent segregation of those unable to adapt to community life. The latest governmental census shows a ninety per cent increase in the number of mental defectives

under care and training in state and private institutions in this country during the past decade.

Next came the development of out-patient clinics to help those discharged from mental hospitals reestablish themselves in the community and to reach those in danger of breaking down and, by timely advice and treatment, so to adjust their difficulties as to make hospital residence unnecessary. In developing our program in recent years, we have turned our attention to the "positive" aspects of mental health, encouraging the development of various types of community organization for early diagnosis and treatment, and the promotion of preventive measures, not only for the control of mental disorders, but also for the better understanding and management of other forms of individual and social failure associated with abnormal mental states.

The major activity in this direction has been the creation of child guidance clinics, which aim to correct mental deviations in their incipency, whether frank mental disorders, delinquency or other behavior disorders, personality distortions, dependence, or other forms of social failure or maladjustment. There are about 700 clinics in this country today, some thirty-five states having some form of mental clinic service for children or adults operating under a variety of auspices.

Our work in child guidance has furnished much of the impetus for the increasing development of mental hygiene activity, for both children and adults, in schools, colleges, hospitals, courts, correctional institutions, child caring and other social service organizations, industrial establishments and at other points in the community strategic from the standpoint of prevention. Today we are concentrating our efforts on education, research and professional training. Our most significant activities in this connection are the improvement and extension of psychiatric teaching in the medical schools, nursing schools, schools for social work and teacher-training institutions; stimulation and support of psychiatric research work, especially on dementia praecox, in hospitals, laboratories, clinics, universities and other scientific centers; and a study of present-day methods in the selection and training of public school teachers, from the angle of their influence, for good or ill, on the mental health of children.

The following is a brief description of the divisional activities of the National Committee at the present time:

Community Clinics.—This division functions as a national consultation bureau for communities which have established or plan to establish child guidance work. It assists in organizing child guidance clinics; maintains an advisory relationship with existing clinics; assists in the correlation of child guidance programs with the work of other social, educational and medical agencies, both local and national; and seeks to maintain sound standards of technical work and training in this field.

Psychiatric Education.—The work of this division centers largely around the medical schools with a view to the development of adequate psychiatric teaching and the training of graduates and undergraduates in this subject. It promotes schemes for recruiting and training psychiatric and mental hygiene personnel; assists in the strengthening and development of postgraduate training centers in mental medicine; studies psychiatric teaching programs and methods; and fosters psychiatric research and the training of research workers in psychiatry.

Hospital Service.—This division concerns itself with the maintenance and betterment of standards of care and treatment in institutions for mental disease and mental deficiency. It advises with hospital executives upon administrative and professional problems; assists architects and institutional officials in planning new construction; and maintains a file of building and floor plans for this purpose.

Research.—This division stimulates research in mental diseases in universities, medical centers, clinics and hospitals. Its main activity at the present time is the administration of a special fund appropriated by the Scottish Rite Masons, Northern Jurisdiction, to subsidize research activities in dementia praecox in thirteen selected scientific centers.

Education.—This division aims to reach all groups and individuals in a position to profit by or advance the mental hygiene movement. It publishes a quarterly journal, *Mental Hygiene*, and a periodical *News Letter*; prepares and distributes pamphlets, reports and other educational material for professional and popular use; maintains the Mental Hygiene Section of the National Health

Library; provides bibliographies and selected reading lists; and cultivates contacts with the public through the press, radio, lectures, and other publicity activities.

Statistics and Information.—This division serves as a clearing house for information on all matters pertaining to psychiatric and mental hygiene activities not covered by other departments of work.

The National Committee also conducts mental hygiene surveys and studies in the fields of medicine, education, social work, etc., and addresses itself to the mental aspects of social problems related to human conduct in general.

Prevention, research and education are the dominant notes in our program and must be sounded above all others if we are to grapple effectively with the problem of mental disease and cut down the tremendous economic and social burden it represents in American life today. Approximately half the total number of beds in all of the hospitals of the United States are occupied by mental patients. According to the last decennial census, there were over 400,000 patients in our public and private mental hospitals on January 1, 1934, new admissions totalling nearly 100,000 a year. According to a study of mental-disease expectancy made in New York State, it is estimated that about one out of every twenty-two persons in our population will enter a mental hospital in the course of a lifetime. At this rate, over 1,000,000 boys and girls now in our schools and colleges will become mental casualties in adult life, unless effective preventive measures are instituted. Indeed, we are "graduating" as many persons from the community into nervous and mental hospitals as we are sending out from our colleges and universities. It costs about \$200,000,000 a year to care for the patients in our mental hospitals. If to this we add the loss of earnings by those mentally disabled, the total economic loss due to mental disease in this country amounts to approximately \$700,000,000 a year.

Community organization, along remedial, preventive and educational lines, is the key to the development of the next phases of our work. The prevention of mental disorders and the promotion of mental health cannot be limited to any one professional field but must be accomplished through the coöperation of various groups, particularly those who have to do with the education of

children. The problem of mental hygiene is, ultimately, the problem of the infiltration of mental hygiene principles and practices into medicine, nursing, social work, law, the churches, education, industry, and other spheres of influence in the broad field of human behavior and human relations. It is the problem of the development and coördination of constructive community forces of every kind that impinge on the daily life of the individual and society. The goal is nothing less than an integration of community resources analogous to the balanced integration of the qualities of the individual which make for successful living. The widespread interest of educators, parents, welfare workers, and others in mental hygiene, and the increasing demand for mental health data that can be used in child training and adult education show that mental health is becoming a significant objective in our civilization.

Despite diminished resources and the handicaps and discouragements of the depression, organized mental hygiene work continues apace. A recent survey showed a gratifying spurt in state society activities, movements for the organization of new societies having been initiated in a number of states during the past five years. State or local mental hygiene societies or committees have been organized so far in twenty-eight states. We particularly welcome the formation of the new Texas Society and the stimulating effect it will undoubtedly have on the development of mental hygiene activities not only in that state but in other southern and western states. National progress in mental hygiene work depends more than ever on the widespread marshalling of local forces and the vigorous prosecution of activities that can be conducted effectively only by a well-organized system of adequately staffed and budgeted state societies covering the entire country.

MENTAL HYGIENE IN LAW¹

SARAH T. HUGHES

Judge Fourteenth District Court, Dallas

My subject is Mental Hygiene in Law. Expressed in other words, it is the manner in which the law treats persons suffering from mental diseases, and the attitude of the law towards such persons.

Because of my lack of experience and knowledge of mental diseases, I hesitate to criticize the law in the handling of such persons, and for that reason I expect to confine my remarks largely to what the law is, and leave to you the suggestions for its change in the light of scientific thought.

If we go back to the Constitution, we find that at that early date there was a recognition of the State's duty towards persons of unsound mind, and by the Constitution, the Legislature was given the right to levy taxes for "the support of the insane asylum," and certain public lands were set aside by the Constitution, "to provide a permanent fund for the support, maintenance, and improvement of the Lunatic Asylum." The county court was given jurisdiction over the appointment of guardians of idiots, lunatics and persons *non compos mentis*, and over business appertaining to the estates of such persons.

The Constitution recognized the inability of such persons of unsound mind to participate in the affairs of government, and prohibited "idiots and lunatics" from voting.

The most important provision of the Constitution, as far as it concerns the commitment of persons of unsound mind to hospitals is Article I, Section 15, which is, "the right to trial by jury shall remain inviolate." This provision I shall discuss further, at the time I discuss the statutory provisions relating to commitments.

Our criminal statutes recognize the responsibility for crime in individuals only if they are sane, and specifically provide "no act

¹This paper and the following four papers dealing with mental hygiene in various fields were read at the Dallas meeting of the Texas Society for Mental Hygiene or have been constructed from papers or addresses given there. The editor regrets that an interesting discussion of *Mental Hygiene in Social Service* was not available for publication.

done in a state of insanity can be punished as an offense." There is no definition of insanity in the statutes, but there is a provision that "the rules of evidence known to the common law as to the proof of insanity shall be observed in all trials where that question is an issue."

"Insanity" as a defense is comparatively recent. In the beginning of society, the whole community turned out to avenge the commission of a crime. The law developed as a regulation of this public vengeance into a sort of orderly lynch law, and then into a delegation of its execution to officials representing the public. This crude revenge theory lasted until the Eighteenth Century when, in accordance with the thought of that day, it was replaced by the theory of retribution. Crime was now regarded as a wilful departure from the standards of right and wrong set up by the community, and the criminal as one who, having the ability and power to distinguish between right and wrong, chose to do wrong.

This test was first used in the celebrated McNaughton case in which McNaughton was accused of killing the private secretary of Sir Robert Peel. In that case Chief Justice Tindall charged the jury that the question for them to decide was "whether McNaughton was capable of distinguishing right from wrong in respect to the act with which he stood charged." This test, which is known as the "right and wrong test," is the legal test in effect today in England and in most of the United States.

If the question of insanity is raised in a criminal case, that issue is tried before a jury. The accused may be tried first on the insanity charge, in which case, if he is found sane, he is then tried for the offense. The issue of the accused's insanity may also be decided at the time of the trial for the offense. In either instance, if he is found insane, he is committed to a hospital. If he becomes insane after conviction at any time, either before sentence or after he has been confined to a hospital, the law provides for his trial before a jury on the issue of insanity, and if he is found of unsound mind he is committed to a hospital.

For many years the law's method of determining a person's sanity has been severely criticized, particularly by the medical profession. The criticism has been just, because the law has failed to recognize that insanity is a disease, but has treated it as a crime.

The trial on the issue of insanity is simply a trial for a crime. The jury consists, not of those who have some knowledge of mental diseases, but of the ordinary layman called for jury service.

In 1913 due, I am sure, to the insistence of the medical profession, the Legislature amended the law respecting trials for insanity so as to substitute for the jury, a commission of doctors to investigate and determine the question of sanity of the person against whom an affidavit of lunacy had been filed. This act, however, was held invalid by the Court of Civil Appeals in *White v. White*, 183 S.W. 369, on the ground that the substitution of a commission for a jury violated the constitutional right of trial by jury. The Supreme Court, on a writ of error, in the *White* case, said that there having been, under a statute, a right to jury trial in lunacy proceedings at the date of the adoption of the constitutional provision that "the right to trial by jury shall remain inviolate," the Act of 1913 was invalid.

Although the Act of 1913, providing for a commission of doctors in lieu of a jury trial was held invalid, there are at present on our statute books, two other provisions for trials in lunacy cases without a jury, unless a jury is requested by the person alleged to be insane or by someone in his behalf, which provisions have not been declared unconstitutional.

Under the guardianship statutes, there are two methods of declaring a person of unsound mind. In Chapter 12 of that title, there is a provision in Article 4267 for the issuing of a warrant, upon information that a person is of unsound mind, to the proper officer, commanding him to bring such person before the court. Article 4270 provides for a jury trial to try the issue of insanity, and Article 4272 for the appointment of a guardian, if the jury finds such person to be of unsound mind. Under the statutes on the appointment of guardians, Article 4123 provides that the court is authorized to appoint a guardian for a person of unsound mind, if the court is satisfied that the person is of unsound mind. The statute further provides that all issues in the proceedings for such appointment "shall be determined by the court on hearing, unless a jury is demanded, but it shall not be a prerequisite to such appointment that there has been a jury trial, verdict and judgment that the person is of unsound mind, nor is such person required to be present in court." .

This latter method of appointing a guardian for an insane person, after a hearing on the insanity issue without a trial by a jury, was attacked in the case of *Bearden v. Texas Company*. In this case the Commission of Appeals, reported in 60 S.W. (2d) 1031, upheld the validity of the law. In this connection the court said: "We think that when Article 4123 and relating statutes are properly followed and service and notice had on the person alleged to be *non compos mentis* or insane, as provided by Articles 4114, 4115 and 4116, a guardian appointed without an actual jury trial is legal and valid. Of course, under Subdivision 4 of Article 4123, and under the Constitution, it would be error to refuse a jury trial, if one should be demanded."

Attention should be called to the fact that, while this method of determining the insanity of a person has been held valid, it applies only in the appointment of a guardian, and is not the method for determining insanity where that defense is urged to a criminal prosecution, nor is it the method provided for in the commitment to hospitals for the insane.

There is, however, another method for the commitment of the insane to hospitals in addition to the jury trial provided for in Title 92 on Lunacy. This other method is found under Title 51 on Eleemosynary Institutions, beginning with Article 3193 and provides for commitments of persons not held on a criminal charge without a jury trial.

This act provides for the filing of a certificate of insanity by two properly qualified and licensed physicians and, upon the filing of such certificate, for a hearing after notice to all interested parties. At such hearing the statute provides that the court "shall hear the testimony introduced by the parties, and examine the alleged insane person, if deemed advisable, and render a decision in writing as to such person's sanity."

Article 3192b concludes with a proviso to the effect that "in any proceeding under this act the person alleged to be insane and appearing before the county judge, or any person interested in such person, shall have the right to demand for such alleged insane person a trial by a jury, which shall be granted as in other cases, or the county judge may, in his discretion, issue a warrant to the sheriff directing him to summon a jury."

The validity of this provision for a trial on the issue of insanity without a jury has not been passed upon by the courts. However, in the case of *Clark v. Matthews*, reported in 5 S.W. (2d) 221, by the Court of Civil Appeals at San Antonio, although another paragraph of the article was questioned, the court makes this statement in regard to the validity of this method of determining the issue of insanity: "To meet the opinions in *White v. White* and *Loving v. Hazlewood*, a jury trial is provided for in the Act of 1925." Since, however, this statement was not necessary to the decision in the case, it cannot be taken as authority for the validity of that part of the statute. From the expressions, however, of the Supreme Court in the *Bearden* case, and of the Court of Civil Appeals in the *Clark* case, it is my opinion that the provision for a trial without a jury on the issue of insanity is constitutional, if a jury may be obtained upon demand.

The Act of 1913 was declared unconstitutional because it completely substituted for a jury, a commission of doctors. In these other two acts, however, the guardianship statute enacted in 1921 and the statutes under eleemosynary institutions, a jury trial is specifically provided for if demanded by the person alleged to be insane, or someone in his behalf.

County judges, however, throughout the State, in practically all instances, have called a jury, to try the issue of insanity even through there was no request on the part of the alleged insane person.

Because of the uncertainty as to the validity of the law providing for trial for insanity without a jury, the Forty-fourth Legislature submitted to the people an amendment to Section 15 of Article I of the Constitution which adds to the provision that "the right to trial by jury shall remain inviolate" the following: "provided that the Legislature may provide for the temporary commitment for observation and/or treatment of mentally ill persons, not charged with a criminal offense, for a period of time not to exceed ninety days by order of the county court without the necessity of a trial by jury." This amendment was adopted by the people at the August 1935 election, but neither the First nor the Second Called Sessions of the Forty-fourth Legislature passed any act to carry out the amendment to the Constitution.

If my opinion is correct that a trial without a jury for the purpose of determining insanity in the appointment of a guardian, or for commitment to an institution is valid, the only thing, which this amendment adds to the present law, is to permit the Legislature to provide for temporary commitment for ninety days without giving the alleged insane person the right to call for a jury, or stating it another way, the Legislature may take from the alleged insane person the right to a jury trial, if the commitment is for ninety days or less. The amendment does not apply either in guardianship cases or criminal cases, where the issue of insanity is raised, or where the commitment to a hospital is for a longer period than ninety days.

In the past the law has been chiefly concerned with the treatment of the insane, and it is only recently that the Legislature has concerned itself with the prevention of insanity. Finally in 1925 the Legislature established for the treatment of mental cases the Psychopathic Hospital at Galveston, and the Dallas State Psychopathic Hospital. Unfortunately, there has never been an appropriation for the one in Dallas.

While I realize many reforms are needed in the law relative to the handling of those alleged to be of unsound mind, yet there is a reason for the law to lag behind medical and social reforms. Medicine and science may experiment in individual cases. Doctors and scientists may work in their laboratories and offices with little regard to tradition and public prejudice. They are relatively free to experiment. But the law cannot experiment. It is general and must apply to all cases, so that the law must wait until medicine and science are fairly certain by their experiments before the law itself can be changed.

Again it is unwise to change the law too rapidly. Before reforms are made in the law the public should believe in such reforms and that such changes are necessary. If the law is amended before the public is ready for it the change will be ineffective. To be of real value the public should first be brought to a realization of the necessity and benefit of the change. As soon as the public understands and accepts the new conceptions of science, it is my opinion that the law with reference to the handling and treatment of mental cases will be remodeled and then, but not until then, will it be effective.

MENTAL HYGIENE IN THE SCHOOLS

EVELYN M. CARRINGTON

Sam Houston State Teachers College

With the extension of educational privileges to all classes of people, the school has become an important factor in the lives of children and youth. As the heterogeneity of student personnel has increased, many problems have arisen in regard to the care and direction of students, the curriculum and instruction, and organization and administration. Education has ceased to be the simple thing it was in the days of our grandfathers.

THE TEACHER

There was a time when only the cultured taught and the number of the pupils in their classes was small. In those days the intimate relation existing between teachers and pupils was a potent factor in the evolution of attitudes and personal adjustments. Today teachers come from all levels of social strata including the lowest. Many of them teach in order to raise their social standing. Some of these succeed, and some do not. In either case the children under their direction may suffer. Fenton urges that a faculty committee in teacher training institutions discuss with prospective teachers before they are permitted to enter practice teaching the importance of physical appearance, classroom personality, clothes, voice control, poise, and posture. He further emphasizes the need of decent English, mental hygiene, physical education and its consequent well-being, and social poise.

Few school administrators and teachers realize how great an opportunity is offered the latter to understand, and in some cases, to change the behavior patterns of their pupils. The attitudes and adjustments of teachers are reflected in the mental health of the children in their classes. Along with other environmental factors teachers become molders of destiny.

The teacher should have a reasonably well adjusted personality. She should be courageous yet tolerant, tactful, interested in the child and social problems, and mature in her emotional responses.

She should face her problems honestly and not use the child to satisfy or relieve her personal feelings. Furthermore, her training should be such that she will be able to recognize personality problems, to handle objectively the simpler ones, and in cases of the more serious ones to coöperate intelligently with experts who have been especially trained for this work.

THE CHILD

The child is more than "a mere school unit, a passive receptacle." He is an active organism in an ever changing environment. His disposition and character are not fixed.

Children of average intelligence may present personality problems. Pearl will illustrate this point.

Pearl is in the first grade. On a Stanford Binet Test administered when she was six years and five months old she earned a mental age of six years and five months and an IQ of 100. She refuses to participate in class activities and when she is singled out for attention, her habitually serious expression changes immediately to one of almost actual pain.

Pearl occupies a very obscure place in the schoolroom and with her associates. She is content enough and fairly well pleased when left to her own affairs. She appears concerned with her personal possessions, a handkerchief and a tam which she keeps in her hands most of the time. She cannot cope with a child two or three years her junior. She has never ridden a tricycle or other wheelttoy. She has never tossed a ball.

She has a tired expression, her color is sallow, and there are dark circles under her eyes. She is seldom out of doors. Her knees appear weak and she falls easily. She can not run with any facility. She is very conscious of her lack of muscular control and is very sensitive about this.

She never volunteers at school and even in groups responds reluctantly. She says she likes her teacher but would prefer to tell the teacher what she knows when the other children are out of the room. She fears them and their criticism.

The reëducation of Pearl has just begun. A sincere effort is being made to interest her in something greater than herself so that her unprepossessing and ungainly self will be forgotten.

Children of inferior and superior intelligence may need help with their problems of adjustment. Carey is a superior boy of five years with special talent in music, while Rufus who was classed in the lowest fifth on the American Council Test has struggled with college work for several years.

Except for a slight impairment of the hearing in his right ear, Carey is in excellent physical condition. He is a member of the pre-primer group. In classes where the pre-primer and first grade are together, Carey volunteers before many of the first grade pupils. He reads remarkably well, prints painstakingly, and counts as far as he wants to. He is interested in working with blocks and the Tinker Toy. He does not take criticism well, and he plays best with children who let him have his way. He has an exceptionally good memory. He takes music lessons and plays the piano in the rhythm band.

His too evident superiority, his brusque criticisms of other children, and his ability as a pianist have not endeared him to his classmates. If the school he is attending had a flexible system of promotion, he could be helped by being put with children who would make him work harder for his laurels. If he is allowed to continue in his present grade placement with no more enrichment than he is now receiving, he is apt to become a problem.

Rufus was a country boy who was making a satisfactory living as a carpenter . . . before he made up his mind to forsake carpentering for school teaching. When he failed on his mid-term examinations at college, his case was given careful consideration. He was advised to withdraw since his low score on the mental test and on the English test indicated inability to do college work. He persisted in staying with the task he had set himself. By the dint of unceasing effort and appealing to the sympathy of his teachers, he managed to avoid being sent home. He is now in his second year. A good carpenter has been lost, and some school may secure his services because of his family connections.

The child with lowered vitality or with physical defects frequently has trouble in adjusting to school situations. An example of this is adolescent Nora who wears glasses because of astigmatism and suffers from a cardiac disorder. She is a friendly, energetic, ambitious girl of twelve years and two months and is in the seventh grade at school.

At times her face and body twitch, and she stammers. Her posture is poor, and she is over-energetic. She overemphasizes neatness, cleanliness, and precision. She has good judgment, but she is not alert in making decisions. She gets on well with her family, her teachers, and her friends. Her chief interests are physical education, Girl Scout work, and motion picture shows.

Her school record shows that she has been promoted every year with an average of B + or better. She studies with enthusiasm and persistence. She plans to graduate in three years and to enter college immediately. Her vocational aim is to be a nurse or a dietitian.

At the present time her school is treating her as though she were a normal child. It is doubtful whether she should be allowed to take the vigorous physical exercise offered in her physical education class and the long hikes sponsored by the Girl Scouts. The school program should be modified and adjusted to her physical ability. It is essential that she get more rest and be less active during this period of her rapid growth which is putting an extra strain on her heart.

Other problems of maladjustment in school children due to economic conditions, social status, race, and religion could be cited, but time prevents.

If an integrated personality is to be evolved, the child will have to learn to face reality, to adjust in new situations, and to sublimate his cravings that are in conflict with social conventions and principles. He will need to succeed at times and to fail at others. At no time should he experience overwhelming failure or overpowering praise. An opportunity to experiment should not be denied him as long as he is under the intelligent supervision of an older person who understands his interests, desires, and abilities but sees them in relation to the child's environment and companions. He should be given an environment that is mentally stimulating so that his intellectual potentialities may become realities. He must learn that the attitude toward a problem is more important than the problem itself.

THE CURRICULUM AND INSTRUCTION

Thomas Shields in his *Philosophy of Education* says, "A democracy, more than any other country, demands inequality in the

education given to its members." The curriculum and method of instruction must be adapted to the needs of the physically handicapped, the mentally handicapped, the gifted, the child laborer, the needy, the delinquent, and the truant. It must be broad enough to fit the needs of each individual. Through it will come adaptation to one's environment and an opportunity for creative self-expression.

The newer curricula give pupils an opportunity to develop themselves. Progressive workers are thinking of the curriculum in terms of fields of activity and of child-interest rather than of subject matter. Courses of varying length to fit individual need and capacity are being evolved. No longer is the practical emphasized to the exclusion of the beautiful and ideal. Training for leisure has truly become one of the cardinal objectives in education.

Along with the newer curriculum inclusions have come many survey and orientation courses to broaden the pupil's knowledge and to help him find that work for which he has aptitude and in which he is interested. With such courses comes an increased use of reference materials which will extend the individual's range of experience. Non-credit courses have been added in speech, physical education, and other such courses for the pleasure of the pupil and his more complete development. School marks are becoming less important than attitudes and knowledge.

ORGANIZATION AND ADMINISTRATION

A closer articulation of elementary school, secondary school, junior college, and senior college is lessening the necessary adjustment of pupils passing from one system to another. The American school system is tending towards synthesis, and a boy or girl passing from one division to another is less bewildered in his new environment than he was formerly.

The administrative machinery is growing less cumbersome, and more guidance is given through faculty committees assisted by student groups. Many schools have established definite programs of educational, personal, and vocational guidance under the direction of trained advisers.

The administration is recognizing the importance of extra-curricular activities. Play is no longer judged the privilege of

the wealthy, the property of the irresponsible, and the characteristic of childhood. Hobbies are becoming the fashion. These furnish an outlet, safeguard against too much regimentation, relieve stress and strain, act as an antidote for vice, develop self-reliance, discourage morbid thoughts and feelings, engender happiness, and often furnish the ground from which cultural life grows. Some hobbies develop physical courage and the recognition of the rights of others.

Administrators are acquiring a clearer concept of discipline. They are recognizing the fact that guidance is better than punishment, that the best kind of discipline is that which comes from unselfish self-control, and that the deed and not the individual should be damned. They are trying to understand the motives underlying misconduct in order to prevent its recurrence. This change of attitude toward discipline is the result of better understanding of youth and a sincere desire to help him become independent, responsible, and free.

CONCLUSIONS

As Jessie Taft has said, the only practical and effective way to increase the mental health of a nation is through its school system. The teacher who herself is reasonably well adjusted and is trained to recognize personality problems and to help in the solution of these can do much to further the happiness and well-being of her pupils.

The exceptional child and even the so-called normal child can be benefited by sane, wholesome advice and thoughtful guidance that will leave him better able to make his own decisions and to face reality.

The curriculum and instruction can be the means of enriching the child's life, of giving him an understanding of our changing social order, and of developing within him the desire to serve.

The administration and organization of the school by its increasing flexibility can care for individual differences more adequately and at the same time make provisions for the individual to become a contributing member of a group. In such unity lies strength.

MENTAL HYGIENE IN THE CHURCH

THE REV. JAMES S. ALLEN

Rector, St. David's Episcopal Church, Austin

When one thinks of mental hygiene in the church, he finds himself confronted with so many obstacles, that to do an adequate job seems almost impossible. Those interested in this particular phase of hygiene, see the church as an undiscovered continent, rich in opportunity and natural resources, but still untouched by the feet of the explorer unharnessed by the machinery necessary for its development. These resources are the vast riches to which the church is heir, through the personality and idealism of the Master Jesus. Those awake to the part which the church can play in mental hygiene, both clergy and laity, cannot help but feel that their interest and effort may be compared to that of the Disciples, as they pioneered for Christianity within the tremendous darkness of a Roman pagan world.

Where medicine, secular education, law and community service are awake, not only to the need for mental hygiene within their respective fields, but also have a well defined program, the church is not even awake to the need, or conscious of the great contribution she can make. There is no program of mental hygiene in the church comparable to the unified, organized program in other fields, through the solidarity of national organizations. There are a few pioneers among the clergy, however, who are blazing the way. The best known of these is John Rathbone Oliver. Such a situation is due to a combination of many things, chief of which are: lack of adequate preparation in the field of mental hygiene on the part of church leadership as represented by the clergy and a stupid sense of conservatism on the part of the laity. By the latter, the clergyman finds that his efforts are blocked, his hands are tied and as far as the members of his congregation and most of the community are concerned, his ideas are more than "cock-eyed." Only the clergyman who has attempted to buck this solid line of conservatism can understand the herculean problem involved. Those who have attempted it, like the pioneer of Christianity, St. Paul, bear the marks of such experiences within their body. Perhaps

posterity will canonize them in an aura of sainthood. At the present time, however, most of them must run the risk of having the laity blandly imply that they are a bit "screwy" themselves and it might be well for them to practice the old adage, "Physician, heal thyself."

To this lack of preparation on the part of the clergy and the natural conservatism on the part of the laity, another difficulty must be added. It is the tendency in families to "cover up" the early idiosyncracies in thought, habit, and emotions of children, or even those to be found in adult life. These, in so many instances, are destined to become the mental problem cases of community and state. Here the church could find a rich field in which to serve. There is no group of trained leaders which has the opportunity of prolonged observation within the home as the clergy. By the very nature of his pastoral work, if he does it properly, the clergyman is even in closer touch with the ramifications of family life than the physician. The clergyman has a splendid opportunity to observe individuals within the home in their attempts at social adjustment. Yet in seeking to remedy what he may see by way of maladjustment along these lines, he must be more than careful. Parents will take mental hygiene suggestions without "a bat of the eye" from the physician, the school teacher, and sometimes even the lawyer. But the same suggestion coming from their clergyman, will often not only throw one family into a violent upheaval, but I have seen it almost wreck an entire congregation. Not only the family, but their friends, in an ever widening circle, hear what the parson has said. The incident usually ends in an exodus from the congregation. The family and friends transfer to another church, where the clergyman in charge attends to the Lord's business and not to everyone else's. I am not in any sense seeking to be facetious or to make light of what I consider to be a real problem for the church to solve. Frankly, I believe that the church can and should make a vital contribution to the field of mental hygiene. But, as I have often seen the church do, I am afraid she will again, with mental hygiene, allow a golden opportunity to pass and in the end, permit medicine, education, law, and other fields of service to humanity, to do the job for her.

Perhaps you may feel that I am too zealous for the church. If so, you must pardon me, out of your own realization that possibly

I see the church and the things for which she stands in a different light from the most of you. I know the wealth of opportunity for service to mankind which she holds within herself, and I long to see her make use of it. Aside from the narrowing walls of theological doctrine; aside from any creedal difference which may form the cornerstone of churches and denominations; aside from any interpretation as to who Jesus was, or was not, I see the church in its original conception, bound up in the spirit of a young man who had something to give to suffering humanity and burned himself up in an effort to give it. I see this young man as giving the background for all our modern psychology and psychotherapy. I see him perfectly at home in the realm of psychoanalysis. I see him moving in and among His people with a deftness and sureness of technique, curing the psychosis and the neurosis in a way that is the envy of every psychiatrist of today. It was out of that spirit, that technique, that knowledge, that the church first found its earliest awakenings. It is in His spirit as an ideal and pattern that I still continue to see the church, no matter how dead she may be to it today. Within the realm of this meeting, surely, out of the background and work of her founder, the church has a task to do in mental hygiene, one she could do gloriously.

If the church is to play an active part here in Texas, or elsewhere, in the field of mental hygiene, we must first of all, make available practical information on the subject for the clergy. This information, for the present, must not be in the form of programs which could not possibly be adapted to a community unawakened to mental hygiene, but I would suggest something as to technique and method of analysis and cure in mental hygiene. This, in order that the clergy in the most outlying rural sections of our vast state, as well as those within the more congested areas, may serve as clearing stations in a preventive as well as corrective program. A clergyman awake to symptoms in the field of abnormal behavior, with even a rudimentary knowledge of approach to adjustment, would wield a powerful influence within his community. He could, if properly trained, remove from the peak load of the mentally maladjusted, many who daily crowd in upon our more expert psychiatrists.

As I see it, the first step in our society for the program of the church, would be to train the clergy by way of simple psycho-

analysis and psychotherapy, that to this extent, throughout the State, there would be not only a backbone of interest and enthusiasm for educating the general public, but also emergency stations, field hospitals as it were, within every community. No finer piece of work could be done by the psychiatrists of our society and others throughout the State, than the conducting of regional conferences or seminars, to which clergymen were invited, and in which something of the background of mental hygiene for individuals and groups, preventive and otherwise, could be given.

What I am trying to say is that before any program can be set up for the church in Texas or elsewhere, it is going to be necessary for the clergy to be educated in this particular field. We of the clergy are a special group to be considered. Within the respective congregations, nothing, as a rule, is done without the clergyman's approval. Until a clergyman is sure of his ground, he also, as a rule, is slow towards coöperation. Clergy, with few exceptions, are conservatists and congregations are equally so. So it seems to me, before any program of this society is going to be successful within the church, the clergy must be reached.

Just as I feel that the clergy and the respective church programs are not as yet ready for mental hygiene, so also do I feel that religion is not ready for it either. No doubt you have already seen that I make a distinction between the religion of Jesus as He lived it, and the expression of that religion as emphasized today in organized Christianity. Orthodoxy and dogma in the respective churches have crystallized into expressions of authority, which mean much as interpreted by the church in theological terminology, but mean little to the average man or woman.

I cannot help but feel that orthodox religion of today, as over against the religion of Jesus, has much for which it must answer in the field of individual and group abnormal behavior. Perhaps the church would be more appealing to men and women in her expression of religion, if the Ten Commandments and the Summary of the Law, could be interpreted from the standpoint of maladjustments in mental behavior. This is due, not to a propensity to sin, but rather to heredity and environment, oftentimes to glandular deficiency. Most orthodox sin, if properly traced by the trained psychiatrist, runs back in its beginnings to one of these. Perhaps,

if the church and her clergymen could present sin in terms of complexes and fixations and find the root causes of the same in the early lives of individuals, it might be better than to say, "Thou shalt not," or to hold over the sinner, the fear of eternal Hell. Perhaps, if the church and her clergy could understand even Hell and damnation through the motivating energy of the unconscious as well as the conscious thought and habit patterns, she might bring that "Peace of God which passeth all understanding" to her children, rather than a sense of fear. By such a procedure we would be nearer to the ideal and Founder of the church's religion.

There may come a day when the theology of the church is so interpreted. When it does, every pulpit will become a clinic, not only in the realm of the mind of man, but also for releasing those deeper, finer qualities of man's soul, which flow from within him, the moment the mirror of his mind becomes clear and stable. When this comes about, mental hygiene and soul hygiene will walk hand in hand along the pathways of the earth, leading mankind into the peace and beauty of the Kingdom of God.

So it is that the program of the church in mental hygiene, at least for the present, is one of taking mental hygiene to the church, both to the clergy and the laity. Also there must be mental hygiene for some of her theological interpretations of dogma. Many may feel such a procedure is "Carrying coal to Newcastle." Personally, I would be one who would welcome it, and I believe there are many others who would feel the same. I am well aware that in some of our churches, through the clergy, mental hygiene is an established institution through which spiritual attainment is won. But priest and pastor alike need a deeper and more practical understanding of cause and effect in this field, together with an effective method of adapting their knowledge and experience to wider circles of family, community, and state.

What I have said as to dogma and doctrine, might be well applied to any church. It would be an interesting group of statistics, if it were possible to ascertain the number of mentally maladjusted today, in homes or institutions, whose difficulties began with an overdose of pulpit mania, under the inspiration of literal interpretation and orthodox theology.

MENTAL HYGIENE IN MEDICINE*

I. J. SHIRLEY SWEENEY, M.D.

Welcome was extended to all those present, and gratification expressed that so many showed an interest in the mental hygiene movement.

Reference was made to primitive man's concept of disease, tracing it from the animistic through the shamanistic periods. Disease during these periods was thought to be wrought by spirits, or demons, and such spirits and demons were placated, or cajoled, by various and sundry offerings and sacrifices. Following this, Æsculapius and the Æsculapids dominated, and disease was still emulsified, in a way, with spirits and religion until Hippocrates, 460 B.C., made his appearance. Hippocrates, the father of medicine, was the first to synthesize the sciences of his day. He separated medicine from religion and was the first to practice medicine by methods still employed today. Various concepts were traced from this time through Galen's dominance up to the Seventeenth Century, when Anton J. von Louwenhoek, through his insatiable interest in lenses, discovered the invisible world. Man's concept of disease then, following the proper application of Louwenhoek's discoveries became that of bacterial origin; and, in the short period of ten years after Koch first discovered the anthrax bacillus, most of the pathogenic organisms were discovered. The bacterial concept of disease, of course, continues to prevail, but medicine today is confronted with an entirely new entity, which is not microbic.

It was pointed out that perhaps the great majority of patients seeking medical attention are functionally sick. The strain and wear of modern civilization is having its effect on the human organism. Conditions that are not bacterial in origin, but purely constitutional, are the predominately important ones today. It is true that pneumonias and various other infectious processes exist, but such conditions as high blood pressure, diabetes, pernicious anemias,

*Dr. Sweeney and Dr. Perry collaborated in a discussion of Mental Hygiene and Medicine at the Dallas meeting of the Texas Society for Mental Hygiene, November 25, 1935. Since Dr. Sweeney talked without manuscript, only notes on his address are presented; Dr. Perry's paper is printed in full.—Ed.

glandular disturbance, asthma, hay fever, possibly malignancies, and many others are strikingly on the increase. Aside from this big group of constitutional abnormalities, which frequently disturb one's balance to the extent that mental illness might result, there is a large group of individuals whose normal physiology is disturbed to the extent that they are harassed with various and real symptoms. These symptoms may simulate goiter, gastrointestinal disease, heart disease, and various others. They are produced by a malfunctioning sympathetic nervous system. Too often, the doctor studies such cases, and, finding no organic disease, tells the patients there is nothing wrong. Such practice leads to skepticism, and finally, after trying one physician after another, the patient is driven to seek help from some cult, or becomes a semi-invalid, mortally wounded, as far as his mental and nervous systems are concerned. It is by the recognition of such constitutional trends and abnormalities that serious consequences might be avoided.

This shifting concept of disease was emphasized, and the following speaker emphasized the psychiatric phase of the subject.

II. E. M. PERRY, M.D.

The relationship between mental hygiene and medicine is in all respects a reciprocal rather than contrastive one. Mental hygiene is a branch or department of the broad field of preventive medicine, and is distinctive only in its emphasis upon the supportive and various detrimental factors affecting the personality as a whole. As such it naturally encompasses in its scope a wide variety of forces, such as physical hygiene, education, religion, law, community life, and personal relationships, as well as the intricacies of the instinctive and psychological reactions of the individual.

There can be no sharp line drawn between the soma, or physical structure, and the psyche or mental constitution of man; nor can man be conceived of as a functioning unit separate from his fellows and environment; as in either case there is a merging of action and reaction which defies any attempt at narrow definition. The mental element of consciousness with its emotional and experiential equivalents enters into all but the most reflex functions of the body, and the changing content of this stream of consciousness is reflected in detail in the adaptive behavior of the organism.

These same characteristics are found in pathological exaggeration in the bulk of everyday medical practice, where a large percentage of the complaints for which relief is sought fall into such categories as neuroses, psychoses, neurotic additions to organic disease and the psychopathology of childhood.

Here the internist, the surgeon and the general practitioner, rather than the specialist in nervous disorders, sees the early maladjustment arising from no organic disease alone, but from the strain of tedious financial, domestic or other vital life problems. If his concept of disease affecting man is at all a broad one, he recognizes that seldom does a single cause, but rather a multiplicity of causes, bring on this dilapidation of functioning expressing itself in varying symptoms which connote such anxiety to the patient. The emotional reactions incident to frustration and uncertainty provoke responses from the viscera through mediation over the sympathetic nervous system, and changes in the sensations and functions of these organs become recognized and feared. The heavier and quicker thud of the heart beat is interpreted to mean heart disease, and the slight constriction of the throat and respiration add panic to the state of the mind. Again the gastro-intestinal tract is a veritable mirror of the emotions, and prolonged states of intense feelings are accompanied by disturbances of appetite, digestion and elimination. The defects of hygiene and the psychological factors involved may not be known to the patient as causes for his illness, and he is left no other conclusion than that of organic disease. But this dreaded structural insult may be augmented by perpetuated intensity and drive as witnessed by the incidence of stomach ulcer and high blood pressure in those individuals whose energies run exhaustively high. In organic ailments of chronic nature there may be emotional or neurotic additions, resulting from the hindrance placed upon the sufferer by his illness. These neurotic additions may be at times more handicapping than the original disease. Similarly in the acutely sick and in the aged, the loss of the zest of life may be the turning point in the battle with disease.

The emphasis upon the care of the young has broadened from attention given physical factors alone to programs for wholesome habit formation, personality development, and opportunities for

individualization of characteristics. Childhood has been called the "Golden Age of Mental Hygiene," and it is in this period that most of our present efforts are centered; so much so that the conclusion is gained by many that mental hygiene is something applicable to childhood alone. It is true that the early cultivation of an adequate habit system, a sound personality organization and the provision of a favorable environment are preventive of breaks occurring in the crises of later life, and do offer a more favorable outlook than is possible in the reconstruction of already damaged personalities. Nevertheless, the same principles of attention to environment, provision for outlet and gratification for the urges and drives of the adult personality find a definite need to fill the changing wants of the individual. In the hospital care of the minor and functional mental diseases, more time and detail is given to these than to the physical body, as in the psychotic the structure has not changed so much as the integration of personality, and return to the normal environment can be accomplished only by reëducating the individual to a new method of living and thinking. Even the normal person must incorporate these principles into his daily routine if he wishes to preserve his chances for a happy and efficient life.

Turning now to broader aspects of the problem, statistics show that of the 8,000 babies born each day in the United States one in every twenty-six will be crippled by nervous disorder before maturity. The magnitude of the problem is further indicated by the fact that there are more hospital beds devoted to mental disease alone than to all other diseases combined. Each year some 75,000 new patients are admitted to the state mental hospitals of the country, and this figure does not include those cared for in private sanitariums, by private physicians, or those receiving no care at all. Similarly there are some half million of the epileptic and feeble-minded. But the personal and economic loss imposed by this group of illnesses is not as great as that of the borderline conditions, the psychoneuroses and psychopathic personalities, which reduce mental efficiency and social adaptability in varying degrees. The evils springing from poverty, crime, and ignorance are more apt to lay their blight on the mind than on the body, and the complexities of

urban life with their products of abnormal psychology of the masses make for acute problems of adjustment.

It is not with zealous enthusiasm that one expects any procedure of mental hygiene to correct these many evils, but there is no need to stand passively and view them with a fatalistic perspective. Not all diseases and maladjustments can be prevented or corrected, but with added knowledge coming from the physical and mental sciences; and with an intelligent and interested support from the public as a whole, further progress can be added to the programs which have already proven themselves to be hopeful and effectual.

STATE MEDICAL ASSOCIATION FAVORS EMPLOYMENT OF
VISITING TEACHERS

The employment of visiting teachers in the public schools has been approved by the State Medical Association through adoption of a report of its standing committee (Dr. Talma W. Buford, chairman) on the investigation, care, and treatment of the mentally sick. The following is an excerpt from the report:

We recognize that if we are to reduce crime and prevent mental illness and the high cost of caring for the same, we must get these cases under treatment early. We know of no better way to do this than through a law requiring or at least permitting county boards of education to employ visiting teachers to care for the maladjusted child in school; such a law should prescribe the qualifications and describe the duties of such visiting teachers; these teachers should be employed for a term of three years.

For the layman it may be explained that visiting teachers are psychiatric social workers employed by boards of education for work in connection with the schools. They form an important part of the educational staff for dealing with problems of personality and adjustment.

TWO RESOLUTIONS OF THE TEXAS STATE TEACHERS ASSOCIATION
(Galveston Meeting, 1934)

The Texas State Teachers Association views with approval the formation of a Texas Society for Mental Hygiene and pledges its coöperation in efforts to conserve and improve mental health. It recommends that courses in mental hygiene be included in the program of teacher training institutions and that the mental health

of the applicant be considered in making appointments to teaching positions in the schools.

Attention to individual differences has long been a cardinal principle of education. As yet, however, the facilities of the schools for diagnosing and adjusting to these differences are inadequately developed. In particular, one of the outstanding needs of the present is a better diagnostic and remedial service for problem children—those who present unusual or extreme difficulties in learning, in conduct, or in personality. The Texas State Teachers Association urges a wider recognition of the need for school psychologists and visiting teachers in the schools.

HOW TO SECURE MEMBERSHIP IN THE TEXAS SOCIETY FOR MENTAL HYGIENE

Membership in the Texas Society for Mental Hygiene is open to all who desire to coöperate in its purposes. The society is no clique or cult; it represents no one occupational group. On the contrary, it is a coöperative movement sponsored by responsible leaders in their respective fields and giving an opportunity for physician, educator, social worker, minister, business man, lawyer, housewife, laborer, and just plain citizen to unite their efforts in a common cause. A study of its board of directors will reveal the quality of its leadership and the variety of interests it represents.

The society invites the coöperation of all who are interested in the promotion of mental health. One becomes a member merely by indicating a desire for membership to the secretary and paying the annual dues: no special invitation or election is required. The annual dues of "regular members" are \$1.00, of "sustaining members" \$5.00, and of "contributing members" \$25.00 or more.

While it is hoped that the society may be able to offer some printed matter to its membership from time to time—this bulletin is a gift of the society to its members during the present year—it offers primarily the opportunity to participate in a great movement. It furnishes an avenue of activity to those who are concerned about the 12,000 patients in Texas state hospitals for nervous and mental diseases, the alarming number of new admissions annually, the distorted personalities that fill jails and penal institutions, the problem children in and out of school, and the unhappy men and women in every community who are maladjusted in various degrees.

PSYCHIATRIC SERVICE IN THE TEXAS PRISON SYSTEM

W. E. GETTYS

*Director of Bureau of Research in the Social Sciences
The University of Texas*

At the invitation of Governor Allred the Bureau of Research in the Social Sciences of The University of Texas has set up a project for the "Social and Psychiatric Study of Prisoners in the Texas Prison System." This project actually got under way on March 1 and will continue under the auspices of the Bureau for a period of eighteen months during which time it is hoped that the work of study and classification of prisoners will prove to be of such value to the prison authorities, the Board of Pardons and Paroles, and freed prisoners that the Legislature will appropriate funds for its continuance on a permanent basis.

The staff of specialists employed to conduct the work consists of Mr. Frank Loveland, Jr., Mr. Carl L. Basland, and Dr. A. Hauser, M.D. Mr. Loveland will direct the work and was selected because of his long training and experience in the work of criminology and classification procedure; Mr. Basland will assist the director in the matter of securing social case histories and in making psychological tests; Dr. Hauser will serve as part-time psychiatrist. These men, with the assistance of existing personnel in the prison system, will begin the building up of individual case records on each prisoner, these records to be cumulative and to furnish a basis for the determination of prison policies as to rehabilitation, segregation, etc., of the prisoners. At first, the work will be confined mainly to incoming prisoners, the number running around 250 a month. Later, it is hoped that the work can be extended to the entire prison population.

THE TEXAS SOCIETY FOR MENTAL HYGIENE

A HISTORICAL STATEMENT

It is not the purpose of this article to present a complete history of the Texas Society for Mental Hygiene, much less of the mental hygiene movement in Texas. On the contrary, this short account can do little more than record a few significant events and comment on some of the conditions under which these events have occurred.

Interest in various phases of mental hygiene and mental health in Texas is much older than the Texas Society for Mental Hygiene. Although the interest in mental health has grown much more intelligent and more explicit in the last twenty-five years, it has its roots much farther back. Mental health is an important factor in problems as varied as the care and treatment of the mentally sick, the prevention of crime, juvenile delinquency, dependency, mental deficiency, educational maladjustment, and personality difficulties of various kinds and degrees—and these are old problems.

Within twenty years after the independence of Texas, a State Lunatic Asylum (so called until 1925) was authorized. The opening of this "asylum" for patients in 1860 may be regarded as a landmark in public provisions for the mentally sick. With the growth of the State other institutions of similar nature were added, some bearing the name of "hospitals for the insane" and some "insane asylums." In 1904 a "State Epileptic Colony" was opened and in 1917 a "State Colony for the Feeble-minded." In 1923, during the term of office of Hon. Pat M. Neff as Governor, the Eleemosynary Commission was created by resolution of the Legislature. Its report to the Thirty-ninth Legislature in 1925 is an epoch-making document. Left without funds by the Legislature, it succeeded in interesting the National Committee for Mental Hygiene of New York City and the Buchanan Foundation of Texarkana in a mental hygiene survey, which was published as a part of the report of the Commission. One result of this survey, a result significant as an indication of growing public enlightenment, was a change of name to "State Hospitals" for the mentally diseased and "State School" for the feeble-minded, omitting the unfortunate designations which had previously characterized the institutions.

Another definite result was the establishment of two "Psychopathic Hospitals," only one of which has been opened—that at Galveston in 1931. It is the purpose of these hospitals to handle only "early-stage and hopeful cases."

The history of the mental hygiene movement in other fields can not be given here even in the sketchy form presented for the hospitals. Evidences of advance can readily be cited in the passage of a bill for the creation of a juvenile court in 1907, the opening of a Child Guidance Clinic at Dallas (1923) and at Houston (1929), in the creation of the Child Welfare Division of the State Board of Control (1931), in the employment from time to time of school psychologists and visiting teachers by a few boards of education, in the increased interest in individual differences and problems of adjustment on the part of parents and teachers, in the growing demand for properly qualified social workers for various welfare agencies, in increased attention to mental hygiene in colleges and universities, in the activities of various civic and welfare organizations, and, finally, in the organization of the Texas Society for Mental Hygiene.

The Texas Society for Mental Hygiene should be regarded as the natural outcome of a growing interest in problems of mental health on the part of many people. The special impetus for the organization came from the meeting of a small group called together at Austin on May 12, 1934, by Mrs. Violet S. Greenhill, Chief of the Division of Child Welfare of the State Board of Control, with the assistance of Dr. J. M. Cunningham of the Houston Child Guidance Clinic, Dr. E. M. Perry of the Dallas Child Guidance Clinic, and Professor H. T. Manuel of The University of Texas, to consider problems of mental hygiene in the State. At the morning session various phases of the problem were discussed, and at the luncheon session (at which the members of the group were entertained by The University of Texas on invitation of President H. Y. Benedict) a "steering committee" was authorized to arrange for a general meeting to organize a Texas Society for Mental Hygiene. This committee, under the chairmanship of Dr. T. W. Buford, a practicing physician of Minter, Texas, who had long been interested in mental hygiene, called a meeting for November 19, 1934, and gave a general invitation to "all interested

citizens" to attend the meeting and take part in the organization. More than one hundred twenty-five people from various parts of the State and various walks in life attended this meeting. After the steering committee had made its report, Dr. George S. Stevenson, of the National Committee for Mental Hygiene, New York City, addressed the meeting, and later various persons participated in the discussion. A constitution and by-laws was adopted, and on the recommendation of the committee on nominations a temporary chairman (Dr. T. W. Buford) and an advisory committee were appointed to select a board of directors and officers, who should serve until the next annual meeting. Dr. J. Shirley Sweeney, of Dallas, was selected as president and served during the first year of the organization.

The first year was consumed largely by matters of organization and planning, and culminated in the annual meeting at Dallas on November 25, 1935. The forenoon was devoted to the business of the Society and the afternoon to a series of papers discussing mental hygiene in medicine, in the schools, in the church, in social service, and in law. The evening session was a joint meeting of the Society and the annual open meeting of the Dallas Child Guidance Clinic. Dr. Lawson G. Lowrey, of New York City, was the principal speaker at the evening session, discussing "Mental Hygiene and the Community."

GREETINGS OF PRESIDENT AND RETIRING PRESIDENT OF TEXAS SOCIETY FOR MENTAL HYGIENE

I. PRESIDENT, E. M. PERRY, M.D.

Our recent meeting held in Dallas last November 25, marked the end of a year of earnest effort on the part of officers and members alike toward the development of a Texas Society for Mental Hygiene. It is not unexpected that these formative efforts have failed to show themselves in some concrete program of educational and executed projects. But it is gratifying that the sincerity and enthusiasm of those several interested citizens of Texas, in whose minds the need of such an organization grew, has found continued purposiveness in the progress of the past year. This Yearbook can contain only some of those more tangible evidences lending them-

selves to print, but unfortunately it fails to reveal the personalities of the many individuals who made this progress possible and who form the nucleus for future development. It is hoped that we, as new officers and members, may carry on this organization to its culmination in actual corrective and educational projects within our State.

II. RETIRING PRESIDENT, J. SHIRLEY SWEENEY, M.D.

The Texas Society for Mental Hygiene, originated about a year ago, has just doffed its infantile clothing. Our first year has been characterized by the usual periods of colic and distress, as might be expected, but its growth and development were not retarded.

We have finished our first year with well over 300 interested members. Our first annual meeting was well attended and the enthusiasm demonstrated by those present gives us assurance that our progress during our second year will be still more satisfactory. There has been a substantial foundation laid, and upon this will be built a program that will alleviate the present suffering and burden of the mentally sick, and check the ever increasing number of the mentally sick, thus rendering an enviable service to the individual, the home and the state.

As retiring President, I wish to thank all those who were active in maintaining the integrity of our organization during its first year. My work of going ahead was made easy and enjoyable by the splendid coöperative spirit of the entire official family. I am looking forward to the day when the rich fruit of our endeavors will be appreciated.

THE COMMON OBJECTIVES IN MENTAL HYGIENE¹

GEORGE S. STEVENSON, M.D.

Since the interest in mental hygiene in Texas has arisen from various sources, the first requirement is that certain drawbacks to coöperation and united efforts be eliminated. These drawbacks are found in diversity of objectives, in differences between long and short perspectives, in the variations in hypotheses upon which different groups depend, in differences in the terminology which they use to cover the same facts and theories, and in the fact that the different groups are the products of different disciplinary training in medicine, education, social work, theology, etc.

On account of these differences, much of the time of a society of this sort can be consumed in quibbles that may alienate what in the beginning is a potential interest, and that may take up so much time that little is left for real production. It is evident, therefore, that the first job of an organization of this sort is to improve its own orientation, to study the diversity of its field, to read not only its own, but the literature of other fields, and to see the identities between the two. In a recently published book, "Mental Hygiene in the Community," Miss Bassett has attempted to bring together the viewpoints of these various fields, and the important facts that one should know about the other, into one volume. This book will, I believe, be especially valuable as a starting point in self-education for a mental hygiene society.

We find those who are concerned with public health, dependency, mental disease, and mental defect, talking about the same problems of economics, population growth, education, and so on. Through this, they come to have a joint interest. They come to know each other better and to unite for common purposes. At the present time, we are seeing a distinct trend in the field of family case work that is bringing it very close to the interests of the psychiatric

¹This article has been constructed from the address of Dr. George S. Stevenson, Director, Division of Community Clinics, The National Committee for Mental Hygiene, before the meeting for organization of the Texas Society for Mental Hygiene, November 19, 1934. Limitations of space make it possible to use only a part of the address.—EDITOR.

clinic. The gaps between agencies in the community thus gradually close, and they arrive at a point where no agency can consider itself as able to function independently of another.

In all of this, the common unifying interest is the mental health of the individual. Often this is not expressed in terms of mental health but is, nevertheless, identical with it and a legitimate interest of an organization of this sort. This community-wide spread of the determinants of mental health gives us a key to the organization of a state mental hygiene society. It must be organized in such a way that each of these aspects can receive its consideration when necessary. Probably the best suggestion for this is its organization into committees covering legislation, school program, dependency, mental hospitals, and so on, as far as such subdivisions of its work can be taken care of. However, its organization also requires that it shall have a job to do. A number of mental hygiene societies are practically inactive at the present time because they have been content to depend upon annual meetings or an annual course of lectures as their sole function. In order to be really effective, it is necessary that each one of these committees of a state society have continually before it an important job to do and a report in prospect for the whole group. It is important that the group as a whole look upon the various prospective activities of these committees and select certain of them as major projects to be given the backing of the whole organization. Some projects cannot be gotten through excepting by this whole effort; others can be effected through the effort of the committee itself.

The greatest strength of a society of this sort lies in the fact that it is free to exercise its power and express its opinion independently. Because mental hygiene questions are so definitely bound up with the function of government, it has come to be recognized that the leadership in a group of this sort must be free of governmental and political entanglements. The officers and the majority of other members of the executive board, and the chairmen of important committees, should, consequently, be free of political restrictions. Many times a state functionary will want something accomplished that he himself is unable to work for without embarrassment. At such times, an unencumbered mental hygiene society may become a very powerful aid to him if he is not too closely identified with it.

CONSTITUTION AND BY-LAWS
THE TEXAS SOCIETY FOR MENTAL HYGIENE

ARTICLE I

Name

SECTION 1. The name of this society shall be The Texas Society for Mental Hygiene.

ARTICLE II

Purpose

SECTION 1. The general purpose of this society shall be to work for the promotion, conservation, and restoration of the mental health of the people of this state.

SEC. 2. The specific purposes of this society shall be:

(1) *Education*.—To promote the study of the conditions that contribute to wholesome mental activity, and to spread the knowledge of the conditions that foster normal mental development and health. To obtain and disseminate information as to the nature, origin, and effects of mental disease and mental defect, and the mental elements in anti- and asocial behavior. To encourage the recognition of the prevalence of these defects in the community, of their relation to other social problems in the community, and the spread of the knowledge of effective methods of combating them.

(2) *Constructive Service*.—The promotion of facilities for the prevention, diagnosis, treatment and care of individuals whose behavior or personality difficulties lie within the field of mental hygiene. The encouragement of any necessary legislation to achievement of these ends.

(3) *Professional Training*.—To encourage and promote the inclusion of the principles of mental hygiene in the professional preparation of doctors, teachers, nurses, social workers and other professional groups whose work necessitates their dealing with problems of mental hygiene.

(4) Such other specific purposes as the society may adopt from time to time provided they fall within the general purpose of this organization.

ARTICLE III

Amendment of the Constitution

SECTION 1. This constitution may be amended by a two-thirds vote of members present and voting at any regular or special meeting of the Society, or by referendum provided such an amendment has been submitted to the membership thirty days in advance.

BY-LAWS
OF THE TEXAS SOCIETY FOR MENTAL HYGIENE

ARTICLE I

Membership

SECTION 1. This society shall consist of members who shall be persons interested in the purpose of the society, and who shall have paid an annual membership fee of one of the following classes:

- (a) Regular member, \$1.00.
- (b) Sustaining member, \$5.00.
- (c) Contributing member, \$25.00-\$50.00.

SEC. 2. *Honorary Members.*—Any person who has rendered distinguished service in the cause advocated by this Society, may be elected to Honorary Membership by a majority vote of those present at any regular meeting of the Board of Directors.

ARTICLE II

Directors and Officers

SECTION 1. *Board of Directors.*—The Board of Directors shall include twenty-four or more Directors who shall be chosen to represent the following geographical and educational interests:

(a) The following general areas in Texas shall be represented by one or more members on the Board: North Texas, Central Texas, East Texas, South Texas, and West Texas.

(b) The following educational or professional interests shall be represented by one or more members on the Board of Directors: psychiatry, adult education, social work, elementary and higher education, general medicine, law, the church, and the lay public.

SEC. 2. *Officers.*—The officers of the Board of Directors shall consist of a President, First Vice-President, Second Vice-President, Secretary, and Treasurer, whose duties shall be the customary duties of those offices.

SEC. 3. *Executive Committee.*—The Executive Committee shall consist of the officers and two other members of the Board of Directors.

ARTICLE III

Duties

SECTION 1. The care, management and control of the affairs of the Society shall be under the charge and direction of the Board of Directors subject to the will of the Society.

SEC. 2. Subject to the final approval of the Board of Directors, the Executive Committee is empowered to conduct any of the affairs of the Society that are delegated to the Board of Directors.

SEC. 3. The Executive Committee shall report to the Board of Directors at each meeting.

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SEC. 4. The Board of Directors shall report to the Society at each annual meeting.

SEC. 5. The Board of Directors may elect directors to fill unexpired vacancies on the Board; shall appoint and discharge committees; receive their reports; may appoint or discharge a full-time executive officer, if the finances and affairs of the Society warrant such appointment or discharge; determine the duties of the officers and employees of the Society; may call special meetings of the Board or the Society, provided a notice of one week has been given to members of the Board, and two weeks' notice to the members of the Society; shall adopt procedures to carry out the purpose of the Society.

SEC. 6. The Executive Committee may call special meetings provided notice of one week is given to members.

SEC. 7. The Board of Directors shall appoint the following standing committees, the chairmen of which shall be members of the Board of Directors: Publicity Committee, Membership Committee, Committee on Adult Education, Committee on Standards of Care in Mental Hospitals, Committee on Mental Hygiene Clinics, Committee on Professional Education, Legislative Committee, Committee on Mental Hygiene in the Church, and Committee on Mental Hygiene in the Schools.

SEC. 8. The Board of Directors may appoint special committees whose members may or may not be members of the Board of Directors.

ARTICLE IV

Meetings

SECTION 1. The Annual Meeting of the Society shall be held at such time and place as may be fixed by the Executive Committee, at which time the Society shall hear the report of the Board of Directors, and elect a Board of Directors and officers for the succeeding year.

SEC. 2. The Board of Directors shall meet immediately after the Annual Meeting and elect other members of the Executive Committee. It shall determine the time and place of its meetings which shall be once in four months for the Board of Directors, and bimonthly for the Executive Committee.

SEC. 3. Eleven members shall form a quorum of the Board of Directors and five members shall form a quorum of the Executive Committee.

SEC. 4. The Executive Committee shall arrange for the program to be given at the annual meeting of the Society.

ARTICLE V

Amendments

SECTION 1. The By-Laws may be amended by two-thirds vote of the members present and voting at any regular or special meeting of the Society, or they may be amended by the Board of Directors, provided such an amendment has been submitted in writing at a previous meeting and notice given to all the members of the Board.

BOARD OF DIRECTORS

E. M. Perry, M.D., Dallas	E. E. Oberholtzer, Houston
T. W. Buford, M.D., Pattonville	N. D. Buie, M.D., Marlin
H. L. Pritchett, Dallas	Lillian Peek, Austin
Rev. James S. Allen, Austin	T. Richard Sealey, M.D., Santa Anna
Wilmer L. Allison, M.D., Fort Worth	C. W. Stevenson, M.D., Wichita Falls
J. Shirley Sweeney, M.D., Dallas	Mrs. Noyes D. Smith, Austin
Mrs. Violet S. Greenhill, Austin	A. J. Schwenkenberg, M.D., Dallas
Guy F. Witt, M.D., Dallas	Clyde T. Reed, Kingsville
Titus H. Harris, M.D., Galveston	R. R. Jones, El Paso
Elmer Scott, Dallas	Dr. David Lefkowitz, Dallas.
Evelyn M. Carrington, Huntsville	James P. Molloy, M.D., Houston
Mrs. Zula L. Powell, Fort Worth	Paul White, M.D., Dallas
Harry A. Nass, San Antonio	Pledger Burke, Tyler
H. T. Manuel, Austin	

LIST OF MEMBERS¹

ABILENE	Mrs. Nettie S. Myers
Dr. T. B. Bass	J. W. O'Banion
Mrs. Bruno Schmidt	Mrs. Edward Owers
Gertrude Saylor	Lillian Peek
AMARILLO	Jeanie M. Pinckney
F. M. Bralley, Jr.	Mrs. Norma Rankin
Most Rev. R. E. Lacey	Mrs. E. P. Schoch
Right Rev. E. Cecil Seaman	Mrs. Noyes D. Smith
ATHENS	Mrs. V. W. Sharborough
Mrs. A. F. Wood	Dr. J. G. Springer
AUSTIN	Dr. C. H. Standifer
Rev. James S. Allen	Louise Taylor
Hazel Beckham	Mrs. Mayfair Taylor
Fern Blackman	Dorothy Thompson
D. K. Brace	Sister Vincent
Mrs. Clark Campbell	Rosemary Walling
Mrs. Nellie McKinsey Doyle	Nettie W. Weems
W. M. Foster	Dr. M. S. Wheeler
Mrs. Mark Gilbert	Walter F. Woodall
Mrs. Violet S. Greenhill	BASTROP
Mrs. S. Douglas Johnson	S. J. Coleman
Mrs. Val Keating	Aileen Webster
Mrs. Laura Neale Love	BEAUMONT
H. T. Manuel	Mrs. L. J. Black
Rev. Harris Masterson (deceased)	Harriet Moore
Florence M. Mercer	

¹This list is based upon records in the office of the Secretary. Errors should be brought to the attention of Rev. James S. Allen, Secretary, Austin.

BELLAIRE
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BELTON
Miss Bernice Doherty
BONHAM
R. S. Via
BRECKENRIDGE
Dr. H. H. Cartwright
BURKE
Mrs. Nobia Campbell
CALDWELL
Mrs. Eva Shorpe
CAMERON
Charlotte E. Williams
CARTHAGE
Mrs. B. M. Duran
CLEBURNE
Mrs. W. E. Paterson
COLLEGE STATION
C. H. Winkler
COLUMBUS
Rev. Gresham Marmion
COMMERCE
Mrs. Jessie Guy Smith
CONWAY
Mrs. Roy W. Callihan
CORPUS CHRISTI
Helen Burrow
Mrs. F. T. Elrick
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Rev. Paul O. Cardwell
Rev. George J. Craven
Frances H. Dewett
Kate Dinsmore
Evelyn Eastman
Mrs. Eva Allen Freeman
Mary L. Freeman
Louise M. Greenbaum
Gaynell Hawkins
Mrs. Mineola King
Dr. David Lefkowitz
Mrs. Henry T. Levy
Maurine Lewis
Mrs. Elva G. Lloyd
Juanita C. Patrick
Dr. E. M. Perry

H. L. Pritchett
Dr. A. J. Schwenkenberg
Mrs. Elmer Scott
L. V. Stockard
Dr. J. Shirley Sweeney
Dr. John Turner
Mrs. Mary T. Voyer
Dr. Paul White
Grace J. Williams
Dr. Guy F. Witt
DE KALB
Mrs. J. W. E. H. Beck
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Rev. Harry Lee Virden
DENTON
Bertha K. Duncan
FORT WORTH
Dr. Wilmer L. Allison
Henry G. Bowden
Dura Louise Cockrell
Margueretta Cunningham
Mrs. W. J. Danforth
Mrs. Edna Gladney
John F. Henson
Mrs. George McNemer
Alma Penron
Dr. John Potts
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EL PASO
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Mrs. Lucille Pillow
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Dr. S. D. Swope
Rabbi Martin Zielonka
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Mrs. Fred W. Catterall
Rabbi Henry Cohen
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Mrs. G. W. Day
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Dr. Titus Harris
 Mathilde Maier
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HILLSBORO

Leona Knox

HOUSTON

Beulah McKaugham Bowling

Lucretia Brewer

Ethel Lee Caldwell

Mrs. O. H. Carlisle

Herbert L. Crate

Katherine Caton Dareneau

Dr. Norma B. Elles

Aaron D. Faber

Ruth Flater

Ethel Fromen

Mrs. Olivia C. Fuller

Rella B. Greenberg

Ruth H. Greenberg

Dr. James Greenwood

Mrs. Oden S. Greer

Verna Harper

Lydia M. Harral

Mrs. Hyman Hart

Arline Hastings

Mrs. A. Hauser

Mary Kennedy

Mary Lane

Mary Lasater

Dr. M. D. Levy

Mrs. M. D. Levy

Dr. James P. Molloy

J. W. Mills

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Ethel L. Patterson

Mrs. C. S. Quin

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Mary Snoddy

Helen L. Springer

Mrs. Charlie Thrasher

Margaret Tucker

T. F. Weaver

HUNTSVILLE

Evelyn M. Carrington

H. F. Estill

Jessie Newell

ITASCA

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KINGSVILLE

Virginia Campbell

Edith Cousins

J. DeWitt Davis

Clyde T. Reed

LA GRANGE

Mrs. C. C. Jopling

LAMPASAS

Rev. W. A. Rieman

LONGVIEW

Roy G. Thomas

LUBBOCK

Bonnie K. Dysart

Addie Henderson

MARLIN

Dr. N. D. Buie

Dr. J. W. Torbett

Dr. J. Walter Torbett, Jr.

MIDLAND

M. Elizabeth Wilson

Mrs. Addison Young

MINTER

Dr. Talma W. Buford

Mrs. Talma W. Buford

PALESTINE

Mrs. John B. Jones

Lucy B. Woods

PARIS

Jess Alford

Mrs. P. L. Chism

Mrs. Mattie E. Dancer

Dr. Clarence Gilmore

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PERRYTON

Mrs. Van W. Stewart

QUANAH

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SAN ANGELO

Mrs. H. P. Bybee

Dell Mignett

Mrs. Fred Schmidt

Guinn Williams

Sarah Williamson

SAN ANTONIO

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Mrs. Lilly Broadus

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Rabbi Ephraim Frisch

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Daisy Jerome

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Frank M. Martin

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Harry A. Nass

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Dr. H. H. Ogilvie

Mrs. Anna B. Reed

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Willis Tate

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SANTA ANNA

Dr. T. Richard Sealy

SANGER

Mrs. J. W. Koons

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Florence Kom

SHERMAN

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SONORA

Mrs. S. T. Gillmore

STRATFORD

Mrs. W. P. Foreman

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SOUR LAKE

Mrs. F. H. Carpenter

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Edith Deneys

TAYLOR

Stella Joseph

Jule M. Kirk

Dr. W. R. Swanson

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Mrs. J. J. Booker

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TERRELL

Dr. J. C. Perry

TIMPSON

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John L. Booty

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Olga B. Larson

Mrs. Dewey Lawrence

Mrs. Tom T. Main

Mrs. Rebecca O. Nelson

R. C. Owens

Mrs. Elam Swann

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Alwyn Williams

WACO

Mrs. Grace C. Hale

Ethel Holloway

Mrs. H. T. Johnson

Rev. E. H. Jones

Dean E. N. Jones

WAXAHACHIE

Maude B. Davis

Mrs. W. S. Ely

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Mrs. Winnie Jo Keen

WICHITA FALLS

Dr. T. W. Castner

Clotilde M. Moller

Dr. C. W. Stevenson

ROSWELL, N.M.

Reed S. Crash

